

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009144

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 19 1963

318

Primary Registration District No. 1003

Registrar's No. 1250

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
53-0
53
Quoted - Site, St. Louis

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) Bethesda Hospital		d. STREET ADDRESS (If outside, give location) 5370 Pershing	
3. NAME OF DECEASED (Type or print) First Middle Last Maurice Newman		4. DATE OF DEATH Month Day Year Feb. 5, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-11-98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Man		10b. KIND OF BUSINESS OR INDUSTRY Ready To Wear	11. BIRTHPLACE (City and state or country) New York
13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) Unknown		17. INFORMANT Mrs Vera Wurst 5949 Nagel	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) For advanced metastatic adenocarcinoma to scalp and chin left Bronchopneumonia 4 days Pleural effusion Rt chest with cancer cells 6 mos		INTERVAL BETWEEN ONSET AND DEATH 2 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. arteriosclerotic heart disease - 163+		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-29-59 to 2-5-63 and last saw him alive on 2-4-63 Death occurred at 10:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dominic J. Verdam, M.D.		22b. ADDRESS 4500 Live 5 + 1/2 St. St. Louis, Mo.	
22c. DATE SIGNED 2-5-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-6-63	23c. NAME OF CEMETERY OR CREMATORY St. Nai Amoona Cem.	
23d. LOCATION (City, town, or county) St. Louis County,			
24. FUNERAL DIRECTOR Herman Rindskopf Inc 5212 Delmar		25. DATE RECD. BY LOCAL REG. FEB 5 1963	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Peter B. DuBoullé

Licensed Embalmer No.

3691

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.